

Pennsylvania Department of Health

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|--|---|--|---|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001040 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | | (X3) DATE SURVEY COMPLETED: 05/17/2023 |
| NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF CHESTER COUNTY, THE STATE LICENSE NUMBER: 02781500 | | STREET ADDRESS, CITY, STATE, ZIP CODE: 460 CREAMERY WAY, SUITE 100 EXTON, PA 19341 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | (X5) COMPLETE DATE | |
| S 0000 | <p>INITIAL COMMENT</p> <p>This report is the result of an occupancy survey conducted on May 17, 2023, at Surgery Center of Chester County, which included the new service of Spinal Fusion's for vertebral facet joint fixation using the Ion Facet Implant System. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Outpatient Facilities.</p> | S 0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



Certified End Page

SURGERY CENTER OF CHESTER COUNTY, THE
STATE LICENSE NUMBER: 02781500
SURVEY EXIT DATE: 05/17/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY